



**This card contains important safety information that you need to be aware of before you are given Enbrel and during treatment with Enbrel. If you do not understand this information, please ask your doctor to explain it to you.**

- Show this card to any doctor involved in your treatment.
- See the Enbrel package leaflet for more information.
- Keep this card with you for 2 months after the last Enbrel dose, since side effects may occur after your last dose of Enbrel.

**It is important that you and your doctor record the brand name and batch number of your medication.**

Enbrel batch number .....

## Infections

**Enbrel may increase your risk of getting infections, which could be serious.**

- You should not use Enbrel if you have an infection. If you are not sure, ask your doctor.
- If you develop symptoms suggestive of infections, such as fever, persistent cough, weight loss, or listlessness, seek medical attention immediately.
- You should be evaluated for tuberculosis (TB). Ask your doctor to record the dates and the results of your last screening for TB below:

Test: ..... Test: .....

Date: ..... Date: .....

Results: ..... Results: .....

- Please ask your physician to list your other medications that may increase your risk of infection.
- .....
- .....

## Congestive Heart Failure

- If you develop symptoms suggestive of congestive heart failure or worsening of existing congestive heart failure, such as shortness of breath, swelling of ankles, persistent cough or fatigue, seek medical attention immediately.

## Other Information *(please complete)*

**Patient's Name:** .....

**Doctor's Name:** .....

**Doctor's Phone:** .....

**Call for reporting:** Suspected Adverse Drug Reactions (side effects) or medication errors may be reported using the Medicines Authority ADR reporting form, which is available online at <http://www.medicinesauthority.gov.mt/adrportal>, and sent by post or email to; **P:** Pharmacovigilance Section at Post-Licensing Directorate, Medicines Authority, Sir Temi Zammit Buildings, Malta Life Sciences Park, San Gwann SGN 3000 **E:** [postlicensing.medicinesauthority@gov.mt](mailto:postlicensing.medicinesauthority@gov.mt)

**Alternatively,** you can report to Pfizer Hellas Pharmacovigilance Department, contact details: +30 210 67 85 908 and +30 210 67 85 808 (24-hour line) or to local representative Vivian Corporation Ltd. Tel. + 356 21344610